

CLARK COUNTY PUBLIC HEALTH



report to the community

OCTOBER 2010



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In the early 1900s, the average life expectancy in the U.S. was 49 years. Today, it is about 80 years. Public health actions are largely responsible for this increase. For example, dramatic declines in infant mortality and deaths from infectious diseases are a result of improved hygiene, sanitation, immunization, and communicable disease control efforts.

Clark County Public Health continues this tradition of protecting the community's health by preventing disease and responding to health threats. We influence conditions that promote health, such as access to healthy and affordable foods, clean water, health care, and neighborhoods that are safe for walking and biking. We minimize

the impact of disease outbreaks through vaccination efforts, early detection, and swift responses.

Protecting the public's health also means engaging with our community to better understand local conditions that influence health. Our staff attend city council and neighborhood association meetings and serve on governing boards of community groups. We form public health partnerships with schools, hospitals, businesses, volunteer groups, and other organizations.

As illustrated by the following stories, strong community connections improve our ability to influence the conditions that allow people to continue to lead long, healthy lives.

Volunteers mobilize to fight H1N1 flu

As H1N1 vaccine began arriving in Southwest Washington in late 2009, Public Health's initial vaccine distribution strategy was to hold public vaccine clinics for priority populations. But budget cuts and staffing reductions meant local health departments lacked the resources necessary to set up these clinics. Fortunately, a network of volunteers filled the gap. From early October through early December, volunteers from the Medical Reserve Corps and other community groups gave more than 3,580 hours in an unprecedented effort to prevent illness and death. They worked tirelessly and at their own expense. At schools, day care centers, health department offices and shopping malls, volunteers worked side by side with Public Health staff, serving



as vaccinators, parking attendants and monitors. They registered participants, distributed forms, and scanned insurance cards. In all, more than 20,000 people were vaccinated, a feat that would have been impossible without this collaboration between Public Health and community volunteers. ■



A major personal decision

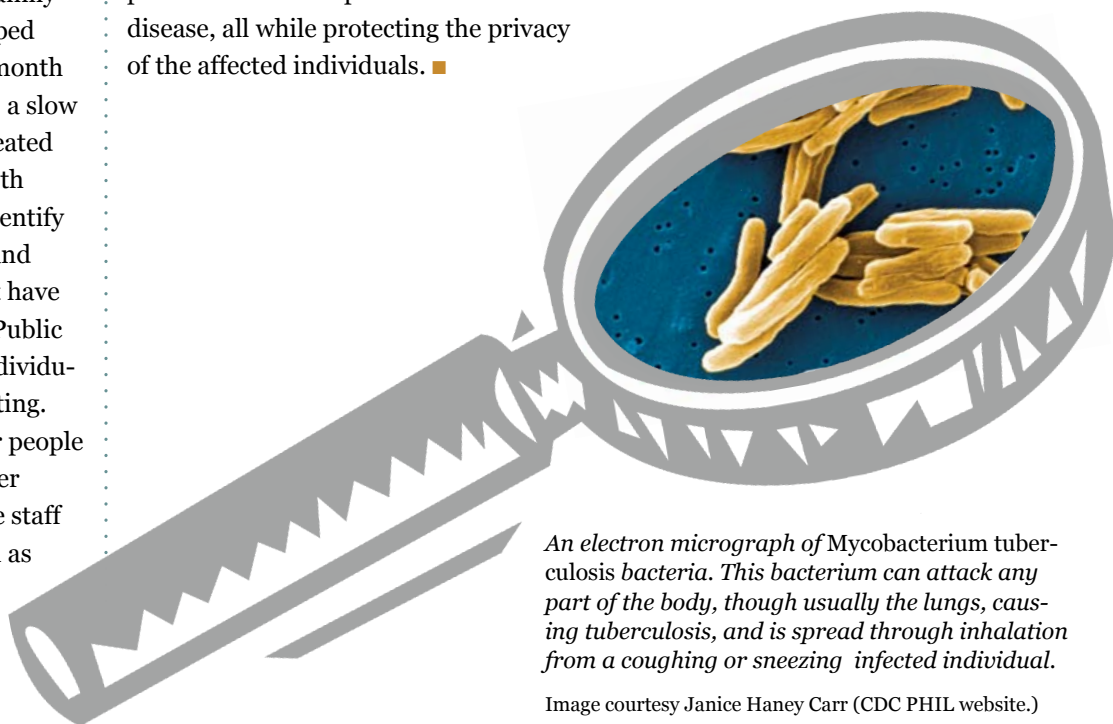
Our personal health is affected by our relationships with friends and family, the organizations we belong to, our community, and policymaker decisions. But 18-year-old Lynn wasn't thinking about these influences when she came to the door in tears to meet Jane, a public health nurse. All Lynn could think of was the stress in her life. Lynn and her baby girl live with Lynn's mother, Sue. But Sue was back in the hospital and Lynn was challenged with caring for her 4-year-old brother in addition to her own baby. Lynn had missed so many

days of high school that she was now unenrolled and had given up on graduating. She told Jane she just wanted to get a job. Jane reassured her about her ability to succeed and explained why an education was so important. She emphasized how it would improve the chances of healthy outcomes for Lynn and her baby. That afternoon, Lynn made the critical decision to enroll in a GED program. Her decision was influenced by a trained public health nurse whose connections to the community benefit young mothers in need. ■

Disease detectives on the tuberculosis trail

Protecting the public from potentially deadly diseases sometimes requires careful sleuthing. Consider the family with three members who developed active tuberculosis within a six-month period—unusual given that TB is a slow growing organism. They were treated and the family worked closely with Clark County Public Health to identify other family members, friends, and community members who might have been exposed to those infected. Public Health managed to find these individuals and asked them to get TB testing. With the family's help, two other people with TB were identified in another state. Our communicable disease staff was able to pinpoint one of them as the "index case," from whom the others could have contracted the disease. By identifying

the source and getting the additional cases treated, our "disease detectives" prevented further spread of this serious disease, all while protecting the privacy of the affected individuals. ■



An electron micrograph of Mycobacterium tuberculosis bacteria. This bacterium can attack any part of the body, though usually the lungs, causing tuberculosis, and is spread through inhalation from a coughing or sneezing infected individual.

Image courtesy Janice Haney Carr (CDC PHIL website.)

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Backyard chickens—a sign of things to come?

The Clark County Food System Council (FSC) promotes a healthy, sustainable local food system by strengthening community connections between food, health, natural resource protection, economic development and agriculture. Locally produced food allows people to know where their food comes from and reduces concerns about food safety and food security. Eating locally also

reduces transportation costs and consumption of fossil fuels. As boundaries between urban and rural areas of the county begin to blur, some lifestyle differences are emerging: Is it appropriate to raise poultry and livestock in urban areas? The FSC thinks so and has been advising local governments and planning commissions about the importance of small animals such as chickens

(without crowing roosters) to the safety and availability of a community's food. And while some people believe that agriculture is a rural issue, planning for urban agriculture while maintaining neighborhood harmony is gaining traction nationally as a way to promote healthy environments and support good health. ■

Policy as a breath of fresh air

Although tobacco use remains the number one cause of preventable death in Clark County, more people are deciding to quit. Who can blame them? Health messages don't mince words, cigarette prices are approaching \$6 or \$7 a pack and finding a place to smoke is a bigger challenge than ever. Today, fewer than one in five county residents now smoke (although rates remain high among people with lower incomes and education levels). Policy decisions can have a big impact on a community's health. A 2005 Washington State indoor smoking ban along with several recent state and federal tobacco tax increases have made smoking expensive and inconvenient.

In Clark County, additional smoking restrictions in public areas and multi-unit housing are being implemented to protect everyone from the harmful effects of secondhand smoke. The payoff? As

fewer people smoke or breathe secondhand smoke, children suffer less from preventable illnesses, fewer people die from the effects of tobacco and the community's health improves. ■



No Smoking

Washington Clean Indoor Air Act – RCW 70.160



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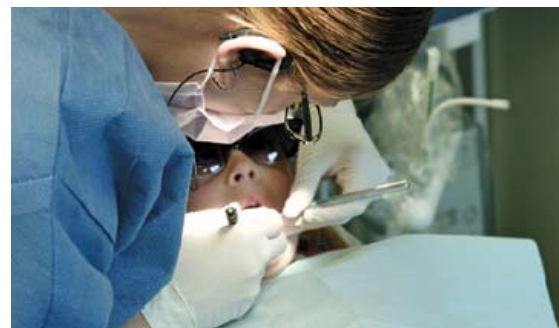
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2009 at a glance

- Enrolled 111 teen moms in Nurse Family Partnership Program, which provided 1,221 home visits to low-income, first-time parents to improve pregnancy outcomes, child health and development, and self-sufficiency.
- Enrolled 463 clients in the Maternity Support Services Program which provides support, education and referral to low-income, at-risk women up to 2 months postpartum.
- Coordinated care for 364 clients in the Children with Special Health Care Needs Program.
- Linked 50 children with special health care needs with a health care provider.
- Initiated the Pregnancy Partners Program to help low-income, at-risk women receive first trimester prenatal care.
- Provided 1,456 home visits to clients with active tuberculosis (TB) to ensure treatment and prevent the disease from spreading.
- Administered 308 TB tests to persons exposed to someone with active TB

to determine if they became infected with TB.

- Distributed 61,342 doses of H1N1 vaccine to health care providers during the H1N1 pandemic for them to administer to their patients.
- Administered 24,113 doses of H1N1 vaccine directly by Clark County Public Health staff and volunteers.
- Issued 13,301 food worker cards, which certify that food workers are trained in the proper handling of food to reduce the chance of spreading foodborne illnesses.
- Conducted 2,904 routine food service establishment inspections and 305 temporary food service inspections to ensure safe handling and preparation of food and correct any problems.
- Ensured inspection of 7,285 onsite sewage systems to prevent groundwater contamination.
- Identified deficiencies in 32% of onsite sewage systems inspected and of those, 3% were critical deficiencies requiring immediate repairs; worked with property owners to correct deficiencies.
- Conducted 661 pool and spa inspections to ensure proper maintenance and reduce the spread of recreational water illnesses.
- Evaluated 67 well sites, approved 16 new public water systems and inspected 54 public drinking water systems to prevent waterborne illness.
- Issued 12,328 birth certificates and 12,626 death certificates.



- Increased number of children enrolled in the Access to Baby and Child Dentistry (ABCD) Program to 16,000. The ABCD Program focuses on preventive and restorative dental care for low-income children from birth to age 6. Increased the number of ABCD Program dentists trained to 66.
- Collaborated with community partners to help 300 uninsured children receive dental services.
- Provided 521 HIV screenings/tests and 168 for Hepatitis C.
- Administered 307 vaccinations for Hepatitis A and B.
- Helped 282 people living with HIV or AIDS connect to services to improve their health and quality of life.
- Provided 5,900 women with peer breastfeeding counseling.
- Trained 57 experienced gardeners to help others grow their own food through the Growing Grocers Mentor Program.



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Funding challenges

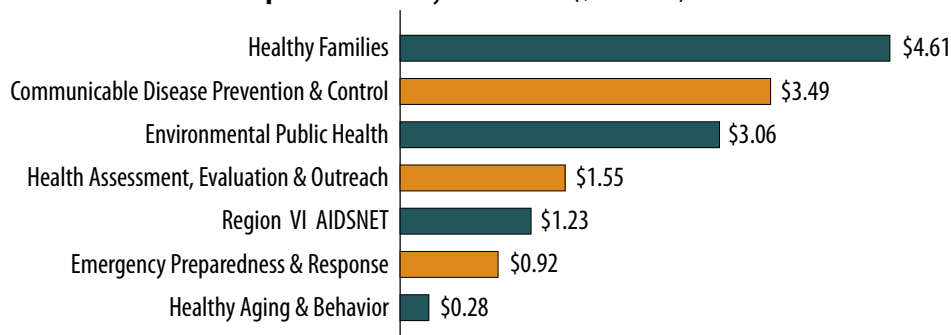
As a government agency accountable for delivering public services as efficiently as possible, Clark County Public Health has been redefining its role in the community for the last four years, starting before the economic downturn. We have engaged with our non-profit and private sector partners to see if they could provide some of our services in a more cost-effective manner. As a result, we successfully transitioned our clinical services and Women, Infant, and Children's (WIC) nutrition services to community non-profits.

With the economic downturn and reduced state funding, we have had to cut other services, including early intervention services for child neglect and compiling accurate medical histories of foster children for foster parents and providers. The cuts mean more children are at risk for child abuse and neglect, and the costs of health care for foster children are increasing.

As a result of these changes, 69 staff positions were eliminated in 2008 and 2009, reducing Public Health's workforce to a staff of 96. As of September, 2010, further funding reductions have the department facing a \$4 million shortfall out of a \$26 million biennium budget. Additional staffing and service reductions are expected.

Having transitioned the services it can, the department is now down to a core of essential services and staffing that the community Public Health Advisory Group believes must be maintained to protect the community's health and ensure Public Health's ability to respond to outbreaks and other health threats. During the 2009 H1N1 influenza response, volunteers extended the capabilities of our work force. Even so, staff were forced to delay other work, such as visits with families to improve birth outcomes.

2009 actual expenditures ~ by service unit (\$ millions)



Looking forward

Clark County Public Health director John Wiesman is co-leading a work group of public health professionals across Washington State to plan for the future. The work group is exploring ways to:

- Sustain core capabilities such as communicable disease response, laboratory services, essential environmental public health work, and emergency response preparedness.
- Confront emerging challenges including diabetes and heart disease, and contributing factors such as tobacco use, poor nutrition and physical inactivity.
- Address preventable injuries and health inequities.
- Forge new partnerships and use technology to build a better, more effective public health system.

Public health officials throughout Washington are also advocating for stable public health funding to address a funding crisis that has been building for more than a decade due to changes at the state level, including reductions in motor vehicle excise taxes. Although money is tight, health officials are reminding lawmakers not to take for granted how public health has improved life expectancy and quality during the last century.

Locally, Clark County Public Health will continue to expand its network of partnerships and leverage community resources. Working with neighborhood associations, master gardeners, community planners, senior citizens, and

others, we will find ways to improve access to grocery stores, help people grow food at home, get kids to school safely, and create more opportunities for physical activity in parks and neighborhoods. We will also continue to protect people from communicable diseases and other health threats, improve access to affordable health care, and find new ways to influence the conditions that promote community health.

Clark County Public Health is finalizing its next two-year strategic plan, which charts a course of action to achieve our community's public health goals. The plan can be viewed at <http://www.clark.wa.gov/public-health/about/plan.html> in January 2011.

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and follow us on  and 



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Prevent. Promote. Protect.